

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000	2 Total pages this report: 1/4														
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 33%;">TITLE Mr.</td> <td style="width: 33%;">FIRST Joseph D.</td> <td style="width: 33%;">MI</td> </tr> <tr> <td>NICKNAME</td> <td>LAST Wardy</td> <td>SUFFIX Jr.</td> </tr> </table>		TITLE Mr.	FIRST Joseph D.	MI	NICKNAME	LAST Wardy	SUFFIX Jr.	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked <table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount	Date Processed		Date Imaged			
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4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	<table style="width: 100%;"> <tr> <td style="width: 33%;">ADDRESS / PO BOX;</td> <td style="width: 15%;">APT / SUITE #;</td> <td style="width: 15%;">CITY;</td> <td style="width: 15%;">STATE;</td> <td style="width: 22%;">ZIP CODE</td> </tr> <tr> <td colspan="5">5601 Cortina El Paso TX 79912</td> </tr> </table>		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	5601 Cortina El Paso TX 79912									
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8 REPORT TYPE	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)						
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9 PERIOD COVERED	<table style="width: 100%;"> <tr> <td style="width: 25%;">Month</td> <td style="width: 10%;">Day</td> <td style="width: 10%;">Year</td> <td style="width: 20%; text-align: center;">THROUGH</td> <td style="width: 10%;">Month</td> <td style="width: 10%;">Day</td> <td style="width: 10%;">Year</td> </tr> <tr> <td colspan="3">01/01/2006</td> <td></td> <td colspan="3">06/30/2006</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	01/01/2006				06/30/2006		
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13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..																
	Name																
	Address/PO Box; Apt. / Suite #; City; State; Zip Code																
GO TO PAGE 2																	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

MR. JOSEPH D. WARDY JR.

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ - 0 -

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ - 0 -

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 4,000.00

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

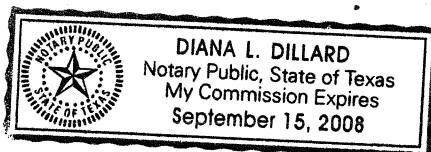
\$ 9,051.60

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ - 0 -

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Joseph D. Wardy Jr.
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Diana L. Dillard, this the 14 day of July, 20 06, to certify which, witness my hand and seal of office.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
3/4**2 FILER NAME**

Mr. Joseph D. Wardy Jr.

3 ACCOUNT # (Ethics Commission filers)
00000**4** Date
02/09/2006**5** Payee name
Mr. Dee Margo**7** Amount
(\$)
500.00**6** Payee address; City; State; Zip Code
P. O. Box 981021
El Paso TX 79998-1021**8** Purpose of expenditure (See instructions regarding type of information required.)
Political Contribution**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held
Mr. Dee Margo State Senator Other -- none**Date**
01/26/2006**Payee name**
Rep. Joe C. Pickett**Amount**
(\$)
1000.00**Payee address; City; State; Zip Code**
2353 Anise Drive
El Paso TX 79936**Purpose of expenditure** (See instructions regarding type of information required.)
Political Contribution**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held
Rep. Joe C. Pickett State Representative State Representative**Date**
01/26/2006**Payee name**
Mrs. Marty Reyes**Amount**
(\$)
500.00**Payee address; City; State; Zip Code**
436 Mockingbird
El Paso TX 79907**Purpose of expenditure** (See instructions regarding type of information required.)
Political contribution**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held
Mrs. Marty Reyes State Representative Other -- none**Date****Payee name****Amount**
(\$)**Payee address; City; State; Zip Code****Purpose of expenditure** (See instructions regarding type of information required.)**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
4/4**2 FILER NAME**

Mr. Joseph D. Wardy Jr.

3 ACCOUNT # (Ethics Commission filers)
00000**4** Date

01/26/2006

5 Payee name

Mr. Gilbert Sanchez

7

Amount

(\$)

500.00

6 Payee address; City; State; Zip Code

12349 Golden Sun

El Paso TX 79938

8 Purpose of expenditure (See instructions regarding type of information required.)
Political contribution**9** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Mr. Gilbert Sanchez

Other -- El P -
aso District C -
lerkOther -- El P -
aso District C -
lerk

Date

03/15/2006

Payee name

West Texas Urban Forestry Council

Amount

(\$)

1500.00

Payee address; City; State; Zip Code

401 East Franklin Ave.

Suite 550

El Paso TX 79901

Purpose of expenditure (See instructions regarding type of information required.)

Charitable contribution to 501(c)3

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held